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ABSTRACT

This is a description of a hypnosis training seminar taught at the University of California at Los Angeles to people with training and experience in psychotherapy who are licensed--or to be licensed--mental health professionals. The course described stresses the students' active participation as hypnotists and encourages a rapid transition from inducing hynosis in class to using hypnosis in treatment. A pretest for students is described, which is designed to disclose basic facts about hypnosis that students do not know. Administration of the Harvard Group Scale of Hypnosis is presented as a way to learn the limitations of group induction and to illustrate the differences in hypnotic responsibility. Other sessions are discussed which include material on inductions; pediatric applications; cancer treatment; smoking treatment; and psychotherapeutic approaches for multiple personality, amnesia, sexual dysfunctions, and character disorders. It is noted that students are required to read relevant materials and to administer one Stanford Scale. Class meetings are described as including lecture, practice, and discussion; and students are encouraged to use hypnosis with their patients. An Experience Project discussing the student's use of hypnosis is described as a seminar requirement. (ABL)

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TEACHING HYPNOSIS TO PSYCHIATRY RESIDENTS AND PSYCHOLOGY INTERNS

Jean Holroyd, Ph.D.

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Paper presented at the Annual Convention of the American Psychological Association, 93rd, Los Angeles, CA, August 23-27, 1985.

Teaching Hypnosis to Psychiatry Residents and Psychology Interns

Presentation for Meeting of American Psychological Association

Los Angeles, CA August, 1985

Jean Holroyd, Ph.D.

I'm going to describe the seminar I have been teaching in the UCLA Department of Psychiatry for 13 years, most of these years with John Hedenberg and Michael Diamond. In some respects our approach differs from typical hypnosis workshops run by the major professional organizations. I'll share some of the unique features that we have developed as well as our philosophy of training. The seminar is intended primarily for our trainees at the Neuropsychiatric Institute--clinical psychology interns and psychiatric residents. However other types of people have been enrolled each year, people such as advanced graduate students in clinical psychology, psychologists working in the UCLA Student Health Services or in the Student Counseling Center, psychiatrists, psychologists and licensed clinical social workers working in our own Neuropsychiatric Institute, and a few clinical psychologists from the community (who are enrolled through UCLA Extension). Despite this mixture, the group is perhaps more homogeneous than many hypnosis training workshops. We explicitly state that the seminar is for people who have already been trained in psychotherapy and have experience **doing** psychotherapy, and we restrict the seminar to people who are licensable as mental health professionals. The rare exceptions are an occasional graduate student in experimental psychology intending to use hypnosis in their doctoral research, or a physician from

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some other department in the School of Medicine.

The seminar is intermediate between courses taught in departments of psychology and courses taught in workshops. It is similar to psychology department courses in including considerable material from research laboratories, and similar to traditional workshops in stressing active participation as hypnotists and a rapid transition from doing inductions to using hypnosis in treatment. The dual nature of this seminar we think fosters the integration of research and clinical traditions, and facilitates critical and thoughtful introduction of hypnosis into clinical practice.

I would say that most of the students enter the course with an excitement about learning magic and participating in the arcane. At least I can guarantee that their attitudes and feelings differ from when they enter a course on ANOVA! Our first task is to capture that energy and direct it, to stimulate curiosity about facts rather than fictions and to de-mystify a bit. We do this in two ways: First we give them a brief pre-test that is on the one hand very easy, but on the other hand almost impossible to pass at this stage of training. The items are at a kindergarten level for anyone who has done even a little bit of hypnosis, but one would tend to give wrong answers based on common sense or media-generated expectancies. And usually the true answers come from laboratory data. For example:

"Hypnosis depends on the development of deep relaxation," which tends to be answered "True," but which was demonstrated not to be true by Banyai in Hilgard's laboratory (and which observation of trance dancing also suggests).

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And, "Roughly 30% of the population cannot be hypnotized," which one would not necessarily conclude from the hypnotizability standardization data.

The students who usually race through the 20 items are amused and sometimes appalled about how much they do **not** know about hypnosis. These are not picayune details or trivia but represent the kinds of questions that they might have to be able to discuss intelligently with patients. For example, "Aftereffects of hypnosis are infrequent," True or False?

Devising these questions wasn't hard, because there is so much misinformation in the media that our psychological trainees are exposed to. We frequently refer back to the test items throughout the rest of the year, when we discuss related material, and explain why they may have given the answers they did.

The second thing we do in the first session to harness the energy of magic in the service of science is to administer the Harvard Group Scale of Hypnosis. This actually accomplishes six teaching goals. For many of the trainees it is their first experience of hypnosis and it enables us to get off the ground knowing that everyone has had at least **one** experience. Second, they learn experientially what it means when a research article describes subject selection procedures. Third, since invariably some resist certain aspects of the induction or of hypnotic tasks, they learn the limitations of group testing or group inductions for clinical work, and the necessity for tailoring inductions to meet individual needs. Fourth, the Harvard Scale

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leads naturally into a discussion of individual differences in hypnotic responsivity, and using the scores achieved by the 25 participants we often generate something close to a normal curve. We put the fitted curve on the blackboard and discuss implications for hypnotic work with people on different places on the curve. Fifth, we can present laboratory data on differences in difficulty level of various hypnotic tasks on the Stanford Scales, for example giving the percent of people who can achieve amnesia or do arm levitation. From this we introduce the concept of varying difficulty levels of the clinical hypnosis interventions they will be using, such as age regression or dream induction. Sixth, we can mention other hypnotizability scales. All of this occurs in the first session.

The questions generated by this the two-hour first meeting lead naturally into material presented in later sessions. In terms of content, we include sessions on inductions, pediatric applications, cancer treatment, brief treatments--including for smoking, and psychotherapeutic approaches for multiple personality, amnesia, sexual dysfunctions, and character disorders. A number of sessions are devoted to process variables such as placebo response, the interactive nature of the hypnotic experience, and nonverbal communication. I have brought a few copies of this year's syllabus for anyone who wants to pick one up after the session.

We rely heavily on readings as the primary source of theoretical and research material because class format does not permit sufficient time for didactic material. Other course requirements include administering the Stanford Form C a couple

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of times outside of class and doing an Experience Project, which I'll describe later. We have them administer the Stanford Scale because it is an easy way to get them to try out some of the more difficult hypnotic tasks and suggestions, such as negative hallucinations, when they can just read it from a script.

Our two hour class meetings are generally divided into three parts: didactic material and a demonstration in the first 45 minutes, followed by practice in dyads for the next 45 minutes, and coming back together for feedback and discussion in the last half hour. Pairs of students are asked to go to separate offices in the hospital and practice the technique demonstrated on each other. When they return to the large group, we ask them about their experiences--what facilitated the induction and what interfered with it--modeling how to debrief patients in order to facilitate the next hypnotic experience. At the same time, the trainees learn vicariously from the experiences of other trainees. We also emphasize in these feedback sessions different ways of looking at the same phenomenon, from the perspective of different theoretical orientations. For example, how they might think of the experience of voluntariness or nonvoluntariness which is reported by different classmates.

Our educational philosophy is to introduce trainees to different clinical and theoretical orientations by having advocates of those positions represented in the regular faculty--John Hedenberg, Michael Diamond, and myself. Michael Diamond is psychoanalytically oriented and also is well known for improving hypnotic responsivity using a cognitive learning approach. John

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Hedenberg looks and sounds a lot like Milton Erickson, and, as you might expect, is rather atheoretical. He is a very good model of the best aspects of Ericksonian therapy as well as conveying some of the principles imbedded in Erickson's techniques in an understandable way. I am very interested in individual differences in hypnotic responsivity, so I guess you would say I identify with Hilgard's lab. I am also particularly interested in various approaches to brief treatment, though I resist being identified as a behavioral therapist. With the three different orientations, often our responses to class questions and case material are different and mutually enriching. Sometimes they result in frank disagreements on therapeutic approach. I think it is a tribute to the faculty that we are not exceedingly threatened, personally, by these differences of opinion. And it affords the trainees opportunity to learn more than a formula for treatment or a one-dimensional approach to hypnotherapy.

In addition to the contributions of Hedenberg, Diamond and myself each session, we have invited speakers every third or fourth week. We are fortunate in L. A. to have some of the best hypnotherapy trainers in the business, people like Joe Barber, Bernauer Newton, and the like. We ask these speakers to participate in case supervision in addition to presenting didactic material and a small demonstration.

Which leads me to another aspect of the seminar. Following an initial few weeks when trainees are learning how to do various kinds of induction and practicing on each other by pairing off during the class, trainees are encouraged to begin including

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hypnosis in their regular ongoing clinical practice. Their experiences are shared in the seminar in an ongoing supervision component, which substitutes for the dyad practice periodically beginning at about nine weeks into the seminar. Frequently the trainees have already been functioning as service providers in some setting that is waiting for them to develop skills with hypnosis, e.g. in pediatric consultation-liaison. So the patients are ready and waiting for them. In other instances there are opportunities to introduce hypnosis into ongoing therapy, and they learn how to introduce it when the patient wasn't specifically requesting hypnosis but could benefit from that approach. Initially we three faculty are supervising, from our own perspectives. As we go on, we encourage peer supervision, with everyone in class offering suggestions for how hypnosis might be employed. Toward the end of the year we are referring to trainees patients who come to UCLA specifically requesting hypnosis.

Over the years we have been following this format we have found that not all trainees are ready, psychologically at least, to begin using hypnosis in clinical practice, even though they may be quite adept at inductions and very good psychotherapists otherwise. There is for some people quite a leap between the security of inductions in class and the uncharted domain of hypnotherapy. Because of this, we have for many years now required each trainee to present to the class an Experience Project, something like four or five months into the seminar. An Experience Project is not a research paper nor is it expected to

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require a major investment of time for preparation. What it is, is a report of their **experiences** in applying hypnosis in some systematic way outside of the classroom. They may do some background reading to assist them in understanding what they are doing, but the project is **not** a research paper. It is to be an application of hypnosis that they can report to the class in five or ten minutes. They are to report their experiences in such a way that their classmates can learn something from it.

While the trainees groan when I announce this required part of the course, inevitably this particular seminar meeting is one of the most interesting of the year. The trainees have done some very innovative projects. For example, one second generation Italian trainee tested 4-5 of his relatives from different generations using the Stanford Scale and then tried to explain the results in terms of their aculturation and his relationship with them. Someone who had been a meditator for ten years undertook systematic self hypnosis and reported on his subjective experiences of the two approaches. A number of trainees used self-hypnosis for various self improvement projects, which is an obviously self-benefitting way of completing the assignment. (But some of them introduced interesting wrinkles into the project, as for example doing S-H for a period with indirect suggestions and then for a period with direct suggestions.) Once a group of four of them undertook an experiment in mutual hypnosis, much like what has been reported by Tart. Their interesting results were eventually published in one of the hypnosis journals. A neuropsychologist doing research on Multiple Sclerosis used it in developing relaxation for improved

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motor control. Many who have begun to use hypnosis in their clinical work are able to provide single case studies to the seminar as their Experience Project.

Finally, we notice that the trainees become too good as hypnotic subjects as the year progresses, from being hypnotized so many times by different people in the class. They are no longer very useful as practice subjects because are too easy. They tend to compensate for anything the trainee hypnotist does wrong by just correcting the induction in their own mind--modifying it. So we advertise for people working at the Institute who have never experienced a hypnotic induction to join our group for one practice session, as volunteer subjects. We just intruduced this procedure last year, and it was a great success by all reports.

Now this is the end of show and tell. I would like to say that the seminar is popular because of our carefully thought-out, graded training procedures. But the students say they just love getting hypnotized every Thursday afternoon, in the middle of a busy week at our hectic Institute. You are welcome to pick up a copy of this year's syllabus at the end of this presentation if you desire.

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APPENDIX
PSYCHIATRY 207

Jean Holroyd, Ph.D., John Hedenberg, Ph.D.
and Michael Diamond, Ph.D.

Fall 1985, Room C8-895, NPI

THIS COURSE IS PRIMARILY FOR CLINICAL PSYCHOLOGY INTERNS AND PSYCHIATRY RESIDENTS AND FELLOWS IN THE NPI EDUCATIONAL PROGRAMS. OTHER TRAINEES WILL BE ADMITTED ONLY WITH ADVANCE PERMISSION FROM DR. HOLROYD. THE COURSE IS DESIGNED FOR MEDICAL APPLICATIONS AND PSYCHOTHERAPY. PSYCHOTHERAPY TRAINING IS A PREREQUISITE.

TEXT: W. C. Wester, II, & A. H. Smith, Jr. Clinical Hypnosis: A Multidisciplinary Approach. Philadelphia: Lippincott, 1984. (Available in Medical Student Book Store, CHS)

SUPPLEMENTAL TEXT: G. Gardner & K. Olness, Hypnosis and Hypnotherapy with Children. New York: Grune & Stratton, 1981. (Limited number of copies available in book store.)

OCTOBER 3 - HOLROYD	
Goals	Shor, Three Dimensions of Hypnotic Depth (Xerox)
Pretest	Aftereffects of Hypnosis (Xeroxed notes, from Hilgard & Hilgard, 1965)
Individual differences in hypnotizability	Weitzenhoffer, Crying and Other Emotional Reactions (Xerox)
Hypnosis scales	Item Difficulty Table (Xerox)
Group hypnosis (Harvard)	TEXT: Ch. 6
Hypnotic task difficulty	
OCTOBER 10 - DIAMOND	
Relaxation induction and deepening	Sample Induction Techniques (Xerox)
Ideomotor suggestions	TEXT: Ch. 2, 3, 4
Demonstration, practice and feedback	
OCTOBER 17 - HOLROYD	TEXT: Ch. 5
Rapid inductions	
Eye fixation	
Psychomotor tasks	
Demonstration, practice and feedback	
OCTOBER 24 - HEDENBERG	Gibbons & Sanchez, Hyperempiria: A New Altered State of Consciousness (Xerox)
Imagery techniques for induction & treatment	
Demonstration, practice and feedback	

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OCTOBER 30 - HOLROYD

Cognitive suggestions: Age regression, Dream induction, Amnesia	Stanford Clinical Scale of Hypnotizability (Xerox)
Stanford Clinical Scale of Hypnotizability	Stanford Children's Clinical Scale
Demonstration, practice and feedback	

NOVEMBER 7 - GUEST

Ernest Katz, Ph.D.	TEXT: Ch. 12, 13, 28
Pediatric Medical Applications	Gardner & Olness, Hypnotic Induction Techniques for Children (Xerox)
	London, Kidding Around With Hypnosis (Xerox)

NOVEMBER 14 - DIAMOND

Resistance and improving trance	Diamond, Modification of Hypnotizability (Xerox)
Utilization	Barber & De Moor, A Theory of Hypnotic Induction Procedures (Xerox)
Demonstration, practice and feedback	Weitzenhoffer, Special Problems of Hypnosis (Xerox)
Case Supervision	

NOVEMBER 21 - GUEST

Bernauer "Fig" Newton, Ph.D.

Hypnosis Treatment for Cancer Patients	American Journal of Clinical Hypnosis, 25, #2 & #3 (combined issue), Oct. 1982 & Jan. 1983 (library).

NOVEMBER 28 - THANKSGIVING

Practice your Stanford Hypnotic Susceptibility Scale, Form C!

DECEMBER 5 - HEDENBERG

Erickson's methods	Erickson, The Confusion Technique in Hypnosis (Xerox)
Demonstration, practice and feedback	Erickson & Rossi, Utilization Approach (Xerox)
Case Supervision	Erickson, An Hypnotic Technique for Resistant Patients. In J. Haley (Ed.), Advanced Techniques of Hypnosis and Therapy: Selected Papers of Milton H. Erickson, M.D. (library reserve).
	TEXT: Ch. 9

DECEMBER 12 - HOLROYD

Brief treatment (Including smoking) Self hypnosis	Russell, The Effectiveness of Behavior Therapy (Xerox) Holroyd, Treatment of Smoking: An Evaluative Review (Xerox) Holroyd, Treatment record (Xer.) Jeffreys Smoking Script (Xerox) Hartland Suggestions (Xerox) Shames & Sterin, How to Do It (Xer) LeCron, Exerpt from Self Hypnotism (Xerox) TEXT: Ch. 19

*DECEMBER 19 - HOLROYD

Treatment of Amnesia (Videotape - 2 hrs. viewing time)	Hilgard, Divided Consciousness, Ch.4, Amnesia and Repression (library reserve) Holroyd, A Review of Research and Clinical Literature on How Hypnosis Potentiates Psychotherapy (Xerox)

Please sign up for Winter Quarter with Dr. Holroyd's assistant, Rm. C8-532 (or phone 825-0535). Sign up before Christmas so Xeroxing can be completed before the first session.

DECEMBER 27 - CHRISTMAS VACATION

Winter 1986

Please note that we begin one week before the quarter begins!

JANUARY 2 - HEDENBERG	
Enhancement of response with Permissive Techniques	Erickson, Deep Hypnosis and Its Induction. In J. Haley (Ed.) Adv. Techniques of Hypnosis and Therapy: Selected Papers of Milton Erickson, M.D. (library reserve)
Case Supervision	
JANUARY 9.- FACULTY	
Professional Issues:	Professional Organizations (Xerox)
Contraindications	Ethics Statements (Xerox)
Continuing Education	
Cost-benefit Ratio	
Ethics	
Evaluation of Literature	
Informed Consent	
Research	
Sexuality	
Transference	
Case Supervision	
JANUARY 16 - DIAMOND	
	TEXT: Ch. 1
Theories of hypnosis	Fromm & Shor, Underlying Theoretical Issues, in Fromm & Shor (Ed), Hypnosis: Developments in Research and New Perspectives, Ch. 1, (Library reserve)
Case Supervision	Diamond - Xeroxed Table Summarizing Theorists
JANUARY 23 - CLASS MEMBERS	
	Xeroxed instructions. Consult
Reports of experience projects: 5 minutes each	faculty for ideas, goal being to immerse you experientially.
***JANUARY 31 - HOLROYD**	
Control of pain with hypnosis	Hilgard, The Alleviation of Pain by Hypnosis (Xerox)
Videotape: Hypnosis Anesthesia	TEXT: Ch. 14
Demonstration and Practice	
FEBRUARY 6 - GUEST	
Joseph Barber, Ph.D.	Barber & Adrian (Eds.) Psychological Approaches to Pain Management (Library reserve)
Using hypnosis for pain management	
Case Supervision	TEXT: Ch. 18

FEBRUARY 13 - DIAMOND Key Issues in Hypnotic Psychotherapy, including Psychodynamic Uses Case Supervision	Diamond, Transcript of a case (Xer.) TEXT, Ch. 7 Watkins, Affect Bridge: A Hypno-analytic technique (Xerox)
*FEBRUARY 20 - HEDENBERG Erickson on videotape Case Supervision	Ad libitum reading in J. Haley (Ed.) Advanced Techniques of Hypnosis and Psychotherapy: Selected Papers of Milton H. Erickson, M.D. (Library reserve) TEXT: Ch. 9
FEBRUARY 27 - GUEST Bernauer "Fig" Newton, Ph.D. Treatment of multiple personality Ego State Therapy	Watkins, J.G., The Therapeutic Self, Part IV. Ego Energies and States (Library reserve) Hilgard, Divided Consciousness, Ch. 2, Possession States, Fugues, and Multiple Personalities (Library reserve)
MARCH 6 - HOLROYD Hypnotic inductions, review & practice Case Supervision	Shor, Three Dimensions of Hypnotic Depth (see Session 1)
MARCH 13 - HEDENBERG Use of automatic writing in treatment Demonstration and practice Case Supervision	Hilgard, Divided Consciousness, Ch. 7, Automatic Writing and Divided Attention (Library reserve) Baker, A Hypnotherapeutic Approach to Enhance Object Relatedness in Psychotic Patients (Xerox)
*MARCH 20 - HOLROYD Physiological Correlates of Hypnosis Case Supervision Videotape: Recovery from Stroke	Selected Abstracts of Recent Research (Xerox) Bennett & Saigo, Reducing Surgical Blood Loss
MARCH 27 - DIAMOND The interactive nature of hypnotic experience Case supervision	Diamond, The Client as Hypnotist (Xerox) Shor, Three Dimensions of Hypnotic Depth (Xerox) Diamond, It Takes Two to Tango (Xerox) Diamond, The Interactional Nature of Hypnotic Experience: On the Relational Dimensions of Hypnosis (Xerox)

Spring 1986

APRIL 3 - HOLROYD
Placebo Effect and Hypnosis
Case Supervision

Shapiro & Morris, The Placebo Effect in Medical and Psychological Therapies (Xerox)

APRIL 10 - GUEST
Don Stolar, Ph.D.
Interface between behavioral & hypnosis treatment; treatment of sexual dysfunction.
Case Supervision

Araoz, hypnosis and Sex Therapy, Browse (Library reserve)
TEXT: Ch. 8, 11

APRIL 17 - DIAMOND
Hypnotically Augmented Psychotherapy: The Contributions of the Hypnotically Trained Clinician
Case Supervision

Diamond, Bibliography of Selected Readings on Hypnosis in the Treatment of Borderline and Narcissistic Disorders (Xerox)
TEXT: Ch. 10, 20
Diamond, Hypnotically Augmented Psychotherapy: The Unique Contributions of the Hypnotically Trained Clinician.

*APRIL 24 - HEDENBERG
Erickson on videotape

Case Supervision

Bandler & Grinder, Preview of Patterns (of the Hypnotic Techniques of Milton H. Erickson, M.D.) (Xerox)

MAY 1 - GUESTS
Martin Reiser, Ph.D. & Ed Geiselman, Ph.D.

Research on investigative hypnosis and the LAPD program

TEXT: Ch. 25, Parts I and II
Reiser, Handbook of Investigative Hypnosis, Ch. 14-18 (Library reserve)

*MAY 8 - HOLROYD
Can your mind control your body? Hypnosis and Healing.
BBC Videotape, if available

MAY 15 - FACULTY
Clinical Supervision

MAY 22 - FACULTY
Clinical Supervision

MAY 29 - POT LUCK LUNCH

Sign-up sheet in Holroyd's office, C8-532. Or phone 825-0535.

June 5, 12, and 19 are actually part of the Spring Quarter and will be held available for additional speakers and/or topics, as desired. If there is no demand for formal presentations, we will continue with supervision for people who have cases. Following this, there will be ad-libitum supervision in Dr. Holroyd's office on Thursdays, 1:00-2:00, until the seminar meets again in the fall of 1976.